

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	9/670106	FILING DATE
APPLICANT(S)		

10/23/03

4/2/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1	1				
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26						
27						
28	6	6				
29						
30						
31						
32						
33						
34						
35	1	1				
36	1		1			
37	1		1			
38	1		1			
39						
40						
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	10/23/03	4/2/04	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1		2			
54						
55						
56						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEP.	22		19			
TOTAL CLAIMS	26		22			